

Psychoeducation for Schizophrenia

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Background

Schizophrenia can be a severe and chronic illness characterized by lack of insight and poor compliance with treatment. Psychoeducational approaches have been developed to increase patients' knowledge of, and insight into, their illness and its treatment. It is supposed that this increased knowledge and insight will enable people with schizophrenia to cope in a more effective way with their illness, thereby improving prognosis.

Objective

To assess the effects of psychoeducational interventions compared with standard levels of knowledge provision.

Search Methods

We searched the Cochrane Schizophrenia Group Trials Register (February 2010), inspected references of all identified studies (included and excluded), and contacted first authors for an additional data.

Selection Criteria

All relevant randomized controlled trials focusing on psychoeducation for schizophrenia and/or related serious mental illnesses involving individuals or groups. We excluded quasi-randomized trials.

Data Collection and Analysis

Data were extracted independently from included papers by at least 2 reviewers. Authors of trials were contacted for additional and missing data. Relative risks (RRs) and 95% confidence intervals (CIs) of homoge-

neous dichotomous data were calculated. A random effects model was used for heterogeneous dichotomous data. Where possible the numbers needed to treat (NNT) were also calculated. Weighted means were calculated for continuous data.

Results

A total of 5142 participants (mostly inpatients) are included from 44 trials conducted between 1988 and 2009 (median study duration ~12 weeks, risk of bias—moderate). We found that incidences of noncompliance were lower in the psychoeducation group in short term ($n = 1400$, RR 0.52, 95% CI 0.40–0.67, NNT 11, 95% CI 9–16). This finding also holds for medium and long term. Relapse appeared to be lower in psychoeducation group ($n = 1214$, RR 0.70, 95% CI 0.61–0.81 (please refer to figure 1), NNT 9, 95% CI 7–14) as did readmission ($n = 206$, RR 0.71, 95% CI 0.56–0.89, NNT 5, 95% CI 4–13). Scale-derived data also suggested that psychoeducation promotes better social and global functioning. In the medium term, treating 4 people with schizophrenia with psychoeducation instead of standard care resulted in 1 additional person showing a clinical improvement. Evidence suggests that participants receive psychoeducation are more likely to be satisfied with mental health services ($n = 236$, RR 0.24, 95% CI 0.12–0.50, NNT 5, 95% CI 5–8) and have improved quality of life.

Conclusions

Psychoeducation does seem to reduce relapse, readmission, and encourage medication compliance, as well as reduce the length of hospital stay in these hospital-based studies of limited quality. The true size of effect is likely to be less than demonstrated in this review—but, nevertheless, some sort of psychoeducation could be clinically effective and potentially cost beneficial. It is not difficult to

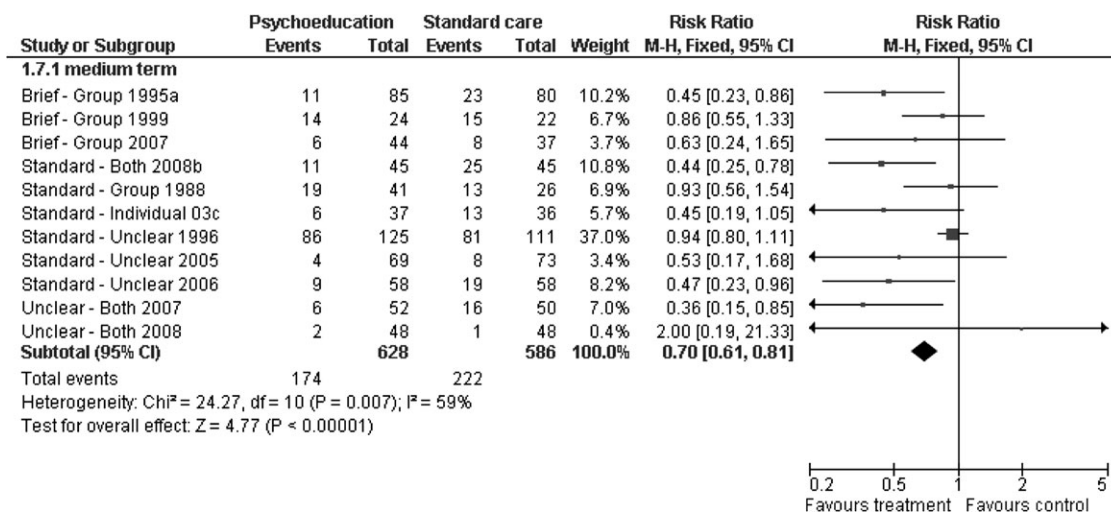


Fig. 1. Relapse for Any Reason—Medium Term (13–52 weeks).

justify better, more applicable research in this area aimed at fully investigating the effects of this promising approach. Full details of this review are reported elsewhere.¹

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Reference

1. Xia J, Merinder LB, Belgamwar MR. Psychoeducation for schizophrenia. *Cochrane Database Syst Rev*. In press.